

## State of California - Department of Social Services

**DUTY STATEMENT**

EMPLOYEE NAME:

CLASSIFICATION:

POSITION NUMBER:

**DIVISION**/BRANCH/REGION: (UNDERLINE ALL THAT APPLY)**BUREAU**/SECTION/**UNIT**: (UNDERLINE ALL THAT APPLY)

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

## SPECIAL REQUIREMENTS OF POSITION (CHECK ALL THAT APPLY):

- ☐ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. (Explain below)
- ☐ None
- ☐ Other (Explain below)

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

**SUPERVISION EXERCISED** (Check one):

- ☐ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

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**CONCEPT OF POSITION:**

A. RESPONSIBILITIES OF POSITION:

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B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION:

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